



# ONGOING RECORD TERMINATION

State Form 52001 (1-05) / BCD 0211



Name of child	County
Date of birth (month, day, year)	Effective date of termination (month, day, year)

CHECK ONLY ONE	TERMINATION CODE	TERMINATION CODE DEFINITION
	Deceased	Child passed away.
	Moved out of state / loss of residence	Family relocated outside of the state of Indiana.
	Eligible, not in need	Child meets eligibility criteria but is not in need of services.
	No longer eligible	Child found eligible and had IFSP, but at annual re-determination did not meet eligibility criteria or has met outcomes and is no longer eligible for services.
	Failed to participate in IFSP services	Child has an IFSP, but family not participating in services. Coordinator not able to contact family to determine why.
	Transitioned to 3-5 year old Early Childhood Program	Child will attend a program sponsored by public school for typically developing children.
	Transitioned to 3-5 year old Head Start	Child will be participating in Head Start.
	Transitioned to 3-5 year old other services	Child will be receiving therapy or other services.
	Transitioned to 3-5 year old other preschool	Child will attend a private community program.
	Transitioned to 3-5 year old other pre-K	Child will attend a program sponsored by a public school.
	Transitioned to 3-5 year old private day care	Child will attend a private day care.
	Transitioned to 3-5 year old public day care	Child will attend a public day care.
	Transitioned to 3-5 year old special ED - has IEP	Child will participate in services sponsored by public school and has an IEP.
	Transitioned to 3-5 year old special ED - no IEP	Child will participate in services sponsored by public school but does not have an IEP.
	Transitioned - no services available	Child transitioned out of First Steps and was still in need of services, but services were not available.
	Transitioned - no services needed	Child transitioned out of First Steps and no longer needs intervention.
	Transferred to another SPOE	Child transferred to another county and family will pursue services.
	Failure to cooperate with CSHCS determination	Failure to cooperate in CSHCS determination / re-evaluation.
	Failure to disclose or utilize insurance billing	Failure to disclose or utilize insurance.
	Failure to apply for Medicaid	Failure to apply for Medicaid / Medicare.
	Withdrawn due to cost participation	Family declined to participate in IFSP services because of cost participation.
	Eligible Part B family declined	Child is eligible for Part B services, but family has declined to pursue.

Signature of Service Coordinator	Date (month, day, year)
----------------------------------	-------------------------

## COMMENTS

Please make any comments about the child's record closure below. (*For example, transition issues, specific concerns, problems, parent comments*). If the child is transitioning to public school, special education and DOES NOT have an IEP in place on their 3rd birthday, YOU MUST state why no IEP is in place.